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A Case of Porro's Operation,

Performed on Account of Multiple Myomata, saving both Mother and Child.

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presented by the author

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A CASE OF PORRO'S OPERATION, PERFORMED ON ACCOUNT OF MULTIPLE MYOMATA, SAVING BOTH MOTHER AND CHILD.[1]

The patient, Mary M., aged thirty-eight years, entered the Carney Hospital on the evening of July 24, 1888. She gave the following account of herself: Family history good. Has always been well and strong. Menstruation began at eighteen years and has always been regular and painless, the flow lasting only three days. Has been married one year. For two years before marriage had some pain in the back and occasional abdominal swelling, for which she consulted a physician. Never noticed any hard mass in abdomen. She became pregnant some time after marriage, and has had no unusual symptoms until within the last few weeks, when the extreme abdominal distention gave rise to some pain and dyspnœa.

The day before her entrance she began to have occasional pain, and on the 24th the pains became severe enough to cause her to send for her physician, who, after an examination and consultation, sent her at once to the Carney Hospital, where she arrived in the evening, having travelled by rail about one hundred miles and walked from the station to the hospital, a distance of about a mile. Regular labor pains began while on the train. On entrance her temperature was 99°, pulse 96.

[1] Read before the Boston Society for Medical Improvement, Oct. 22, 1888.

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I first saw her on my morning visit, the following day, July 25th. She was a well developed and fairly well nourished Irish woman. Labor pains regular and frequent. Pulse quick but of good quality. Temperature normal. The abdomen was much distended and very irregular in outine. On palpation it was evident that there was something more than the ordinary pregnant uterus in the abdomen. Above the pubes could be felt a rounded mass the size of a fœtal head, and extending up from this to the margin of the ribs in the right hypochondriac region was a tumor, oval in outline, and evidently the uterus. Fœtal parts could be felt through the uterine wall, and the patient said that all fœtal motion had been felt in this part of the abdomen. The fœtal heart could be heard on the right side, opposite the umbilicus.

In the left hypochondrium was another mass, hard, rounded, and smooth, separated from the uterus by a sulcus, quite marked in the abdominal wall and still more distinct on deep pressure. This mass extended up under the border of the ribs, and the percussion note was flat over the whole abdomen except in the sulcus above mentioned, where it was tympanitic. Two other hard nodules could be felt through the abdominal wall, one near the umbilicus about the size of a hen's egg.

Examination by the vagina showed a solid, immovable mass, filling nearly the whole pelvis. The finger could with difficulty be passed between this and the pubis, and a partially dilated os could be felt.

After consultation with Dr. M. F. Gavin, who kindly gave me the benefit of his advice and valuable assistance during the operation, an immediate laparotomy was decided on, as there seemed no

reason to believe that the firmly impacted mass in the pelvis would move up to allow the passage of the child.

Everything was prepared to do the Sänger operation if it should seem possible after opening the abdomen.

An incision was made in the linea alba below the umbilicus, and the mass exposed. On introducing the hand into the abdominal cavity a firm, solid mass could be felt, springing from the fundus of the uterus and extending upward and to the left, and adherent to omentum and intestines. The incision was rapidly continued upward, and after the adhesions had been clamped and divided where necessary, the whole mass was turned out of the abdomen.

During these manipulations a rent was made in a venous bridge connecting the uterus and fibroid, which gave rise to a profuse hemorrhage, easily controlled, however, by pressure. The tumor filling the pelvis could now be seen, and was with great difficulty dragged upward sufficiently to allow the wire of the écraseur to be placed about the cervix, below it, but without constricting it at all. Both of the large tumors presented yellow areas on their surfaces. Two smaller tumors were situated on the front of the uterus. Hot towels were held over the abdominal wound by an assistant.

The anterior uterine wall appeared to be thin, and was not apparently the site of the placental insertion. An opening was therefore made at this point and rapidly enlarged with scissors, while the wire was at the same time tightened about the cervix. The child was easily delivered, the cord clamped with forceps and divided; the uterus,

meanwhile, contracting rapidly as its contents were removed.

The hemorrhage from the uterine wound was comparatively slight in amount.

A sound was now introduced into the bladder, the wire tightened, and the uterus was amputated some distance above it. The broad ligaments were tied separately, and, after sponging out the abdominal cavity, and securing several bleeding points where adhesions had been torn, the abdominal wound was closed, using deep silver sutures, and superficial ones of silk, leaving the stump at the lower angle of the wound. One long pin was passed through it, and then the ovaries and superabundant uterine tissue removed with the Paquelin cautery. The stump and wound were sprinkled with iodoform and dressed in the usual manner. No attempt was made to stitch the peritoneal surfaces of the stump and abdominal wall together, as they were held firmly in apposition by the tension of the edges of the wound.

Meanwhile the child, which weighed nine and one-half pounds, was crying lustily in the next room.

Child born eight minutes after beginning of incision, and the total time of operation was fifty-seven minutes. Pulse at the end of the operation, 106. The patient made an uninterrupted recovery and suffered no more than most women after a normal delivery. The child was put to the breast as after a normal labor and there was a large quantity of milk.

I have reported this case at length, as the operation is an uncommon one in this country, and is destined everywhere to give place to the more conservative one of Sänger in the majority of cases.

The history of the operation is an interesting one, and especially so to Boston physicians, as the first operation on record for the removal of the uterus after Cæsarian section, was performed by Dr. H. R. Storer, in 1869. In his case the uterus was removed on account of uncontrollable hemorrhage following the usual operation, which was undertaken for obstruction caused by a uterine fibroid. Porro, in 1876, performed the operation, hoping to diminish the frightful mortality in Cæsarian section, death almost always following from escape of septic material from the uterine cavity into the abdomen. The result was a brilliant success, and in Europe especially the operation became at once popular. The tables of Harris published in April, 1885 (*Am. Jour. Med. Sci.*), show one hundred and sixty-four operations. Leaving out moribund cases, and fourteen cases where the stump was treated intraperitoneally (ten resulting fatally), will give a percentage of recovery of forty-four. Austrian operators have had the greatest success. In England there have been comparatively few operations, and Spencer Wells, in reporting an operation for obstruction by a uterine myoma, in June, 1887 (*Brit. Med. Jour.*), speaks of it as the third successful case, that is, saving both mother and child, in Great Britain.

In Harris's table quoted above, are recorded three operations in the United States, with one mother and two children saved.

In a letter from Dr. Harris kindly written in answer to my inquiries, he says: "The Porro operation in cases of fibroid tumors has rarely been performed in this country, as the ordinary or Sänger methods have usually been preferred. Porro amputation has been performed by Prof. H. R. Storer, Prof. D.

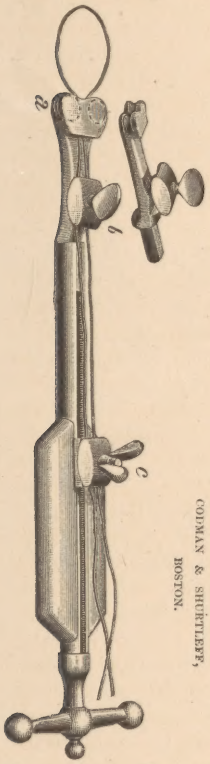
Hayes Agnew, Dr. Oscar H. Allis, Philadelphia, and Dr. Bernays—all women lost, and all of the children but the last. As far as I know yours is the fifth American case. Thus far your operation appears to have been the only one to save both mother and child. The ordinary Cæsarian operation has done better than this in our country, viz., fourteen operations: women saved, four; children saved, five. In only one were both saved, and I presume they are now living—boy nearly eight."

Gastro or laparo-elytrotomy, the statistics of which have been very good for an operation so seldom performed, would not have been suitable under the circumstances, as it seemed best to open the abdomen, and find out the true condition of things.

The success of the modified Cæsarian operation, now known as Sänger's, has greatly limited the field of Porro's operation. The results of the more conservative operation have been so brilliant that there is now no excuse for the removal of the uterus and ovaries, except in a few cases. It has been shown that a woman can have repeated operations performed without a fatal result; and when an operator (Leopold) can save thirteen cases out of fourteen by Sänger's method, Porro's operation on the one hand and craniotomy on the other are sure to become less often necessary. I had hoped to be able in this case to save the uterus, but I think that its removal was demanded by the large size and apparently necrotic condition of the myomata, and the hemorrhage from the ruptured vessels. The tumors were found on section to be already necrotic, and the deep sutures necessary to check the hemorrhage spoken of would undoubtedly have caused sloughing of the mass. In regard to the possibility of their removal apart from the

uterus, I can only say that it might have been possible, but it would have added greatly to the risk of the operation.

In conclusion I wish to speak of the écraseur used in the operation.



It is one made for me by Codman and Shurtleff, to be used especially in the removal of large uterine tumors. The principle of the instrument is that of Billroth's, that is, it consists of a handle containing the screw, and a movable tip (*b*) with a secondary clamp. After tightening the wire as far as necessary, it is clamped on to the tip, and the handle and screw removed. The whole instrument is heavily made to give power. To prevent the wire from breaking where it passes into the tip, I had grooved wheels (*a*) put in, over which the wire runs. I had found by experiment that the wire always broke at this point, as the friction was so great. With this instrument the wire (which is best of annealed steel) can be quickly tightened to any degree thought best, and the tip and wire left in place, surrounded by the dressing. The handle is easily reapplied whenever it is necessary to tighten the wire. Extra tips of different sizes may be made,